Kentucky Department for Medicaid Services

Drug Review Options

The following chart lists the agenda items scheduled and the options submitted for review at the March 19, 2009, meeting of the Pharmacy and Therapeutics Advisory Committee

Item	Options for Consideration
New Drugs to Market: Astepro®	Place this product preferred in the PDL category titled Antihistamines, Intranasal.
New Drugs to Market: Aczone™	Place this product non preferred in the PDL category titled Dermatologics: Antibiotic Agents for Acne.
New Drugs to Market: Xenazine™	Allow this product to pay unrestricted as monoamine depletors for oral administration are not listed on the KY PDL.
New Drugs to Market: Promacta®	Allow this product to pay with ICD-9 for FDA approved uses as thrombopoietin receptor agonists are not listed on the KY PDL.
New Drugs to Market: Moxatag™	Place this product non preferred in the PDL category titled Antibiotics: Penicillins. Moxatag™ PA Criteria: Moxatag™ will be approved if the patient has experienced trial and failure of or inability to take high dose immediate release amoxicillin.
New Drugs to Market: Zacare™	Place this product non preferred in the PDL category titled Dermatologics: Antibiotic Agents for Acne.
New Drugs to Market: Banzel™	Based on the committee's previous recommendation for this class, place this product preferred in the PDL category titled Anticonvulsants: Second Generation.
New Drugs to Market: Trilipix™	Place this product preferred in the PDL category titled Lipotropics: Fibric Acid Derivatives.
New Drugs to Market: Epiduo®	Place this product preferred in the PDL category titled Dermatologics: Topical Retinoids.
New Drugs to Market: Xolegel™	Place this product non preferred in the PDL category titled Dermatologics: Antifungal Agents.
New Drugs to Market: Eliphos™	Place this product non preferred in the PDL category titled Electrolyte Depleters.
New Drugs to Market: Apriso™	Place this product non preferred in the PDL category titled 5-ASA Derivatives, Oral Preparations.
New Drugs to Market: Prandimet™	Place this product non preferred in a new PDL category titled Meglitinide Combination Products

Lyrica® Clinical Criteria	COVERED DIAGNOSES:
	• Diabetic Peripheral Neuropathy (DPN) via an ICD-9 override
	• Postherpetic Neuralgia (PHN)
	  o Adequate trial and failure of OR intolerance OR contraindication to at least one of these first-line agents
	  • Tricyclic antidepressant (TCAs)
	  • Anticonvulsant: gabapentin
	  • Topical: Lidocaine 5% patch
	• Adjunct for partial onset seizure disorder via an ICD-9 override
	• Fibromyalgia via an ICD-9 override

Caduet® Clinical Criteria	Caduet® will be approved for patients who: • Are receiving amlodipine therapy, **AND** • Have tried and failed, or have a contraindication or intolerance to simvastatin plus one other preferred high potency statin.
Suboxone®/Subutex® Clinical Criteria	Suboxone®/Subutex® will be approved for patients who: • Are being treated for substance addiction **AND** • Prescriber must have DATA waiver.
Topical Agents for Psoriasis	1. DMS to select preferred agent (s) based upon economic evaluation; however, at least one agent should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. DMS to allow continuation of therapy for agents selected as non-preferred for patients who have a history within the last 90 days. 4. For any new chemical entity in the Topical Agents for Psoriasis, require a PA until reviewed by the P&T Advisory Committee.
Progestins for Cachexia	1. DMS to select preferred agent (s) based upon economic evaluation. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the Progestins for Cachexia class, require a PA until reviewed by the P&T Advisory Committee.
Direct Renin Inhibitors	1. DMS to select preferred agent (s) based upon economic evaluation. 2. Require a Step Therapy Edit for any ARB or ARB Combination agent in the past 180 days. 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 4. DMS to allow continuation of therapy for patients who have a history within the last 90 days. 5. For any new chemical entity in the Direct Renin Inhibitor Class, require a PA until reviewed by the P&T Advisory Committee.
Direct Renin Inhibitors Clinical Criteria	Tekturna® or Tekturna HCT® will be automatically approved if any two antihypertensive products are located in history within the past 90 days.
Hematopoietic Agents	1. DMS to select preferred agent (s) based upon economic evaluation. 2. All hematopoietic agents will require Prior Authorization. 3. For any agent not selected as preferred, DMS to allow continuation of therapy if there is a paid claim in the past 90 day. 4. For any new chemical entity in the hematopoietic class, require a PA until reviewed by the PTAC.
Hematopoietic Agents Clinical Criteria	Erythropoiesis stimulating agents will be approved for recipients meeting one of the following criteria: • The patient has a hemoglobin of less than 12 g/dL **AND one** of the following diagnoses: o Anemia associated with chronic renal failure (patients may be on dialysis or pre-dialysis) **OR** anemia associated with kidney transplantation; **OR** o Treatment of chemotherapy induced anemia for non-myeloid malignancies; **OR** o Drug-induced anemia (examples, not all inclusive: Retrovir® **or** Combivir® **or** ribavirin); **OR** o Autologous blood donations by patients scheduled to undergo nonvascular surgery; **OR**

	• The patient is an infant (up to 6 months old) with a diagnosis of Anemia of Prematurity (no lab work required-allow 8 weeks of therapy); **OR** • The patient has a hemoglobin of less than 8g/dL; **OR** • The patient has a hemoglobin of 8-9.4 g/dL and is 18 years old or older; **OR** • The patient has a hemoglobin of 9.5-10.9 g/dL and is 70 years old or older with signs of anemia; **OR** • The patient is 18 years old or older with cardiovascular disease and/or signs of anemia. **Of NOTE: these agents are not approvable for patients currently taking dialysis as these drugs should be billed on the medical side as part of the dialysis per diem.**
COPD Anticholinergics	1. DMS to select preferred agent (s) based upon economic evaluation; however, one long acting anticholinergic must be a preferred agent. 2. Agents not selected as preferred based on economic evaluation will require PA. 3. Continue quantity limits based on maximum recommended dose. 4. For any new chemical entity in the Inhaled Anticholinergics class, require a PA until reviewed by the PTAC.
Insulins	1. DMS to prefer one brand of human insulin per class (bolus, basal, premixed, rapid-acting, intermediate-acting and long-acting) based upon economic evaluation. 2. DMS to require PA for pen delivery systems for patients unable to manipulate vials/syringes (eyesight, dexterity, comprehension). 3. DMS to allow pens without PA for children 12 years of age and younger. 4. For any new chemical entity in the insulin class, require a PA until reviewed by the P & T Advisory Committee.
Insulin Pen Clinical Criteria	Insulin pens should be reserved for patients over 12 years of age or active care-givers that are unable to manipulate vials/syringes due to issues related to poor eyesight, dexterity, or comprehension.
Bisphosphonates	1. DMS to select preferred agent (s) based upon economic evaluation; however, at least one bisphosphonate should be preferred. 2. Agents not selected as preferred based on economic evaluation will require PA. 3. Continue quantity limits based on maximum recommended dose. 4. For any new chemical entity in the Bisphosphonate class, require a PA until reviewed by the PTAC.